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Application Number

Application Number

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Filling Date

II 30/2001

First Named Inventor

Art Unit

Stein

Art Unit

Examiner Name

CHANGE OF CORRESPONDENCE ADDRESS

Attorney Docket Number

1136-032

i hereby revoke all previous powers of attorney given in the above-identified application.	
A Power of Attorney is submitted herewith.	
OR I hereby appoint to	he practitioners associated with the Customer Number:
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Assignee of record of the entire Interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)	
SIGNATURE of Applicant or Assignee of Record	
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	extentes 23,2004 Telephone 212-663-2325
NOTE: Signatures of all the inventors or assignace of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	
Total offorms are submitted.	

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